

number of people who are willing to give such talks is small. I am convinced that the nursing profession, acting under the medical officers of health, can put across a great deal of information about cancer if they are coached in doing it. They are the friends of the people and in a better position than anybody else to carry out this work.—I am, etc.,

Oxford.

MALCOLM DONALDSON,  
Honorary Secretary,  
Cancer Education Association.

### Geographical Tongue

SIR,—A female patient, aged 38, has had "geographical tongue" for some years, and, as is common with this syndrome, treatment has been of no avail. Recently she had a week's course of erythromycin (in the form of "filmtabs" containing erythromycin stearate) for a penicillin-resistant staphylococcal bronchitis. At the end of the week's course her tongue was completely free from markings for the first time for some years. The circular lesions started to reappear as soon as the drug was withdrawn. Dummy filmtabs were obtained from the makers (Abbott Bros.) and a full course given a month later without effect.

As the aetiology of this condition is not known, perhaps this observation may be of interest.—I am, etc.,

Newent, Glos.

K. M. TOMLINSON.

### Herpes Zoster during Steroid Therapy

SIR,—Dr. G. E. Breen's letter in the *Journal* of April 18 (p. 1039) on the action of corticoids in herpes zoster was very informative. However, lest somebody may be tempted to use steroids in severe herpes zoster for the purpose of producing an improved result, I should like to mention a recent experience with corticoids in this disease. I treated a patient with prednisolone for a severe attack of rheumatic fever. While she was on treatment she developed herpes zoster. The herpes took about two months to heal and the resulting scar was the most unsightly that I have ever seen.—I am, etc.,

University, College, Galway.

B. J. O'DRISCOLL.

### Catching Up with Cabot

SIR,—As regular readers of both the *New England Journal of Medicine* and the *British Medical Journal* we were gratified to learn of your intention "to follow the example of our New England colleagues in Boston" and publish a series of clinico-pathological conferences (*Journal*, January 24, p. 220). Moreover, we were pleased to see the excellent conference in the same issue (p. 224), which Professor Robert Platt handled in the true Cabot tradition.

As you rightly state in your introductory leading article: "Much of the educational value of these conferences depends . . . on the candour and fearlessness of the participants. The clinician . . . who in discussion is prepared to chance his arm, confess ignorance, or air a doubt gives a wholesome example to his colleagues." This, we feel, is the whole point of a "Cabot conference." A clinician previously unacquainted with the patient is confronted with the case history and laboratory findings, from which he is expected to present a coherent account explaining the course of the patient's illness and anticipating the pathologist's report so far as clinical acumen will permit.

With this in mind, it was disappointing for us to read your two more recent conferences, "A Complicated

Case of Cirrhosis" (*Journal*, February 28, p. 568) and "A Case of Subacute Bacterial Endocarditis" (*Journal*, March 28 (p. 844)). In the first place, what we feel is the most important feature—the clinician's assessment—is wholly absent from both reports; secondly, the diagnoses are given at the beginning, thus spoiling all the natural dramatic interest of the cases. The modification of these two features completely destroys the conferences as effective teaching devices and relegates them to the status of mere case reports, which might have been written in a much shorter space.—We are, etc.,

ROBERT FORTUINE.

MARY SZWARC.

PAUL DYMENT.

PHILIP SEEMAN.

HUGH ROBSON.

McGill University,  
Montreal.

Medical Students.

### Invalid Vaccination Certificates

SIR,—I was delighted to see the recent correspondence, begun by Dr. I. J. Corbett (*Journal*, March 7, p. 644), relating to invalid vaccination certificates, as it gives me an opportunity to bring up another aspect of vaccination certificates. Regularly medical practitioners in this area are faced with requests for vaccination — of business executives, mining students, families of miners going overseas to join their husbands, and the like—and always in a hurry. And there arises, equally regularly, the question as to where the "International Certificate of Vaccination" may be obtained.

We are told by Mr. S. A. Heald (*Journal*, March 21, p. 790) that the main travel agencies will produce them. Very frequently, however, booking is done in London — either by the firm employing the businessman or the head office of the mine—and in the bustle of getting away the prospective traveller does not receive a blank certificate, about which he could not care less. All of which leaves the wretched G.P.—who knows very well what a to-do will arise later in the absence of the proper certificate—scratching around and trying his blandishments on the local travel agencies in an effort to avert trouble from his patient later on. It does seem a little absurd that we who are responsible for the proper carrying out of vaccination should not have access to the proper forms.—I am, etc.,

Camborne, Cornwall.

W. F. CASTLE.

### Collection of Pneumothorax Apparatus

SIR,—There is being formed at the Wellcome Historical Medical Museum a collection of pneumothorax machines and needles illustrating the various models from the time of the first Forlanini instrument to those invented in the 1940's. The nucleus of this collection is at present in Leeds and will be shown, before its transfer to the Wellcome Historical Museum, at a meeting of the British Tuberculosis Association and the Yorkshire Thoracic Society in September, 1959. The present collection is nearly complete as regards English models of machines and is complete as regards English needles.

If any of your readers have Continental, British, or American apparatus that is no longer required, I would be grateful for their loan for the Leeds exhibition; or their gift for the same reason prior to their transfer to the permanent collection to be kept in London.—I am, etc.,

Killingbeck Hospital,  
York Road, Leeds, 14.

THOMAS MARMION.